DOCUMENT RESUME

ED 467 257 FL 801 523

TITLE	A Guidebook for Resettlement Agencies Serving Refugees with HIV/AIDS.
INSTITUTION	Immigration and Refugee Services of America, Washington, DC.
PUB DATE	2000-11-00
NOTE	21p.
AVAILABLE FROM	Immigration and Refugee Services of America, 1717 Massachusetts Avenue, N.W., Suite 200, Washington, DC 20036. Tel: 202-797-2105; Fax: 202-347-2460; e-mail: irsa@irsa-uscr.org. For full text: http://www.refugeesusa.org/help_ref/resettle_guidebook.pdf.
PUB TYPE	Guides - Non-Classroom (055)
EDRS PRICE	EDRS Price MF01/PC01 Plus Postage.
DESCRIPTORS	*Acquired Immune Deficiency Syndrome; *Refugees; Social Services
IDENTIFIERS	*Refugee Resettlement; Ryan White CARE Act Title I

ABSTRACT

This publication is intended to help resettlement agencies prepare for and provide care to refugees who are living with HIV/AIDS. Steps that agencies can take in the months before arrival include the following: identify Ryan White Care providers and services available in the community, establish partnerships with Ryan White Care Act providers, complete pre-arrival paperwork, prepare the staff, gather information on the client, review any HIV-related laws in the state, and revise and implement administrative and management policies to reflect state laws. Steps to take upon arrival of the refugees include the following: educate the client, request authorization for release of confidential HIV information to families and agencies, complete the initial medical screening, report to the Centers for Disease Control and Prevention, and visit the local AIDS case management agency. Steps to take after arrival include the following: schedule ongoing training opportunities for staff, monitor the delivery of AIDS services, and continue education for anchor relatives and family members. The publication also contains information on such issues as these: training topics, partner notification in New York State, confidentiality, special considerations for family reunion cases, and basic facts about HIV/AIDS. (Adjunct ERIC Clearinghouse for ESL Literacy Education) (SM)

A Guidebook for Resettlement Agencies Serving Refugees with HIV/AIDS

The purpose of this publication is to assist resettlement agencies in preparing for and providing care to refugees who are living with HIV/AIDS. We hope that this guidebook will serve as a resource for resettlement agencies and establish basic standards of care for HIV-positive refugees.

Before Arrival

Typically, several months can pass between the allocation of an HIV-positive case and its arrival. During this time, a resettlement agency can take several steps to prepare for a refugee arriving with an HIV waiver.

STEP 1:

IDENTIFY RYAN WHITE CARE PROVIDERS AND SERVICES AVAILABLE IN YOUR COMMUNITY

Many resettlement agencies have existing relationships with private physicians or community clinics for initial medical screenings and long-term medical care. In addition to these primary contacts, you should also identify Ryan White CARE Act-funded AIDS service providers in your community. Ryan White services provide specialized AIDS care beyond that which refugee resettlement agencies alone can provide to new arrivals.

The Ryan White CARE Act provides funds to meet the medical and psychosocial needs of people living with HIV/AIDS. Ryan White funds are allocated to all states and cities with high incidences of HIV/AIDS. Each city or community convenes planning councils and consortia that determine and allocate funds for the type of services they deem a priority for that

geographic area. Currently, all communities receive Ryan White funds for the following services:

- *Case management services.* These agencies/providers are the "gateway" to a wide range of HIV/AIDS-related medical and psychosocial services, such as primary medical care, AIDS Drug Assistance Programs, emergency assistance, mental health services, and housing. They serve as the lead agency in the Ryan White referral network.

- *Primary medical care services.* Clinics, hospitals, and some large AIDS service organizations receive Ryan White funds to provide primary medical and disease management services, emergency medical care, medications, and diagnostic tests.

- *Regional AIDS education and training centers (AETCs).* These organizations (usually hospitals and/or universities) provide on-site HIV training for health care providers and social service agencies.

The Ryan White CARE Act currently defines eligible services as:

> *Outpatient and ambulatory health and support services, including case management, substance abuse treatment and mental health treatment, and comprehensive treatment services, which shall include treatment education and prophylactic treatment for opportunistic infections, for individuals and families with HIV disease; and inpatient case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate, from inpatient facilities.*[1]

In some communities, other services, such as interpretation and translation, may be considered a funding priority. Your local or state health department should be able to provide you with a listing of Ryan White CARE Act providers. (Also see, *Resettling Refugees in America: Medical Case Management.*)

[1] Ryan White Comprehensive AIDS Resources Emergency Act, 1990, as Amended by the Ryan White CARE Act Amendments of 1996 (Pub. Law 104-136).

STEP 2:
ESTABLISH PARTNERSHIPS WITH RYAN WHITE CARE ACT PROVIDERS

You should identify three local AIDS service providers – a case management agency, a hospital or clinic for medical care, and a training organization. (Some service providers are funded to do all three activities.) When contacting case management and primary care providers, we suggest that you introduce yourself and your agency, and then ask the following questions:

- Could you tell me about the services you provide for HIV-positive clients?
- What are the eligibility requirements to obtain services?
- Do you accept Medicaid clients?
- Is there a waiting list for services?
- What is the process for arranging an intake interview for a new client?
- Do you have access to or experience working with interpreters?

Your partnership with an AIDS service provider can be an informal or formal collaboration. If your partnership is with an HIV case manager, s/he will develop a case management plan that is similar to a resettlement plan. It will outline and identify appropriate AIDS resources and referrals based on an assessment of the refugee's medical and psychosocial needs. The HIV/AIDS case manager will implement his/her own case management plan, while the resettlement caseworker carries out his/her duties as outlined in the Department of State's Cooperative Agreement for the Reception and Placement Program. [Note: We suggest that you request a copy of this HIV case management referral plan from the HIV/AIDS case manager once the proper paperwork allowing for client information exchange has been processed.]

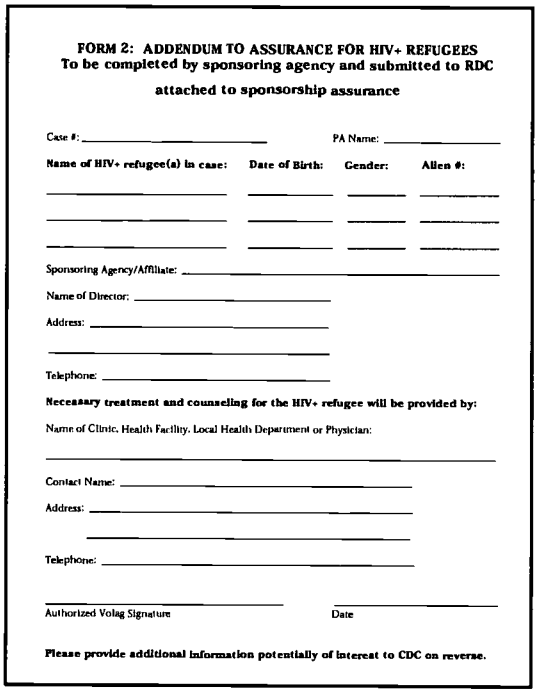
In addition, it is a good idea to request in writing one of the following documents, outlining each agency's responsibilities in the partnership:

- Memorandum of understanding,
- Letter of agreement, or
- Contract.

Together, these documents can serve as a road map for providing services to the refugee client.

STEP 3:
COMPLETE PRE-ARRIVAL PAPERWORK

All resettlement agencies must complete the "Addendum to Assurance for HIV+ Refugees." This form requires contact information for the local agency that has assured the case and for the health care facility that will provide an initial medical evaluation of the client. Local resettlement agencies have four weeks to complete the Addendum. National resettlement agencies forward the completed Addendum to the Refugee Data Center (RDC), which then passes it to the Center for Disease Control and Prevention (CDC) so that CDC can track the cases.



FORM 2: ADDENDUM TO ASSURANCE FOR HIV+ REFUGEES
To be completed by sponsoring agency and submitted to RDC attached to sponsorship assurance

Case #: _____ PA Name: _____

Name of HIV+ refugee(a) in case:	Date of Birth:	Gender:	Alien #:

Sponsoring Agency/Affiliate: _____

Name of Director: _____

Address: _____

_____

Telephone: _____

Necessary treatment and counseling for the HIV+ refugee will be provided by:

Name of Clinic, Health Facility, Local Health Department or Physician:

_____

Contact Name: _____

Address: _____

_____

Telephone: _____

_____ _____
Authorized Volag Signature Date

Please provide additional information potentially of interest to CDC on reverse.

STEP 4:
PREPARE YOUR STAFF

Training for your staff, board of directors, and/or volunteers is critical to the delivery of effective services. Your organizational capacity to serve refugees with HIV/AIDS should begin with an assessment of your staff's knowledge and understanding of AIDS issues. Remember that staff may be reluctant initially to express their concerns about their own health and safety. In addition, they may feel uncomfortable asking questions. For these reasons, it is critical that you provide opportunities for staff to obtain accurate and up-to-date information and to discuss any concerns they might have about HIV/AIDS.

Training should be provided on the topics listed below. While all staff members should participate in training activities, you may decide that members of your board or volunteer network should attend training on only one or a few topics. Upon completion of the training, your staff will be better prepared to respond to the needs of HIV positive clients.

Does your staff know that....

If you test positive for HIV, it means that your blood has signs of the virus that causes AIDS. A positive test does not mean that you have AIDS. Many people who test positive for HIV do not develop symptoms of AIDS until many years (in some cases 10 years or longer) after their body is first exposed to the HIV virus.

Training Topics

1. Basic heath education information on HIV/AIDS, other sexually transmitted diseases (STDs), tuberculosis, and hepatitis.
2. AIDS prevention, including safer sex guidelines.
3. Culturally appropriate information on human sexuality.
4. Confidentiality, privacy, and other HIV-related laws in your state.
5. Sensitivity training on issues for persons living with HIV/AIDS and STDs.
6. AIDS-specific community resources.
7. Treatment for people living with HIV and AIDS.
8. Psychosocial manifestations of HIV and AIDS.
9. Burnout and bereavement issues for staff.

STEP 5:
GATHER INFORMATION FOR YOUR CLIENT

It is important that you collect information for your client that is culturally specific and language appropriate. Although there are some existing HIV/AIDS materials in various languages, new refugee populations may require information in languages that are currently not available. IRSA is in the process of identifying basic materials and information to be translated, produced, and distributed to local resettlement agencies.

STEP 6:
REVIEW ANY HIV-RELATED LAWS IN YOUR STATE(S)

The purpose of these types of laws is to protect the person living with HIV/AIDS and to address concerns regarding the public's health. Years into the epidemic, people living with HIV continue to face rejection, stigma, and discrimination. Even today, people with AIDS have lost their jobs, housing and/or have been refused services because of their HIV status. Current laws address the following issues:

- *Classification of HIV/AIDS:* In some states, HIV/AIDS is designated as a communicable disease, and in others, as an STD or venereal disease. The type of classification determines whether the case is reported to the state departments of public health. While this distinction is less important for local resettlement agencies (all refugees are reported to state departments of public health by CDC regardless of the classification), classification is one aspect of HIV/AIDS that state laws have addressed.

- *HIV infection reporting:* In some states, HIV cases are reported by name to the Department of Public Health; in others, the name is not reported, but the case is given a number or a unique identifier. All states require that AIDS cases be reported.

- *Specific privacy protection for HIV/AIDS information:* Many state laws prevent the disclosure of HIV test results or related information such as medical records without the patient's or client's written consent.

◆ *HIV-specific consent requirement for testing:* In most states, a written consent is required before a person can be tested for HIV, but in some instances this written consent can be obtained from the person's parents, guardians, or other people authorized to make health care decisions on behalf of the person.

◆ *When consent requirement can be waived:* In some states, the consent requirements can be waived for specified reasons. For example, in Illinois, consent is waived in cases of organ, tissue, and sperm donors, or if a health care worker is at risk.

◆ *Spouse/partner notification:* These types of laws mandate that the health department locates and notifies the spouses/partners of those persons who test positive for HIV. In most instances, the identity of the person who has tested positive is not revealed, and the spouse/partner is only told that "a sexual partner" has exposed him/her to HIV.

Partner Notification in the State of New York

In the state of New York, partner notification laws limit the communication of HIV status between partners to medical providers who are required to disclose information to the health department. The health department then contacts the partner for notification. New York state law defines medical providers as "medical laboratories (except those performing an anonymous test), physicians, physician assistants, nurses and nurse midwives, blood banks, organ procurement agencies." However, these medical providers cannot share the patient's name or other identifying information with insurance companies, the police, landlords, or social services agencies. In the state of New York, case managers, outreach workers, counselors, educators, advocates, and other non-medical professionals who provide social, supportive, and mental health services are not defined as "medical providers" and therefore cannot report names to the health department for the purposes of partner notification.

◆ *Permissible disclosure:* In some states, HIV status can be disclosed to someone who is authorized to make medical decisions for an incompetent person or a minor. This permissible disclosure is generally limited to specific professions such as mental health providers, school officials, or other professionals who provide some type of direct services to the client.

- *Mandatory disclosure:* In some instances, laws require that certain professions are notified when a person receives an HIV diagnosis. But again, many of these laws restrict who can *provide* this information.

- *Penalties for impermissible disclosures:* In some states, breaches in confidentiality can result in criminal and/or civil penalties. For example, in the state of Washington, anyone who violates the provision for confidentiality can be found guilty of a gross misdemeanor and may also face civil penalties.

Other laws that address general health care privacy protections or specific diseases such as STDs may also address HIV issues. However, many laws and statutory requirements are subject to modification, and we suggest that you contact local and state health departments for accurate and up-to-date information on your state. For refugee resettlement agencies that operate close to state borders and/or resettle families in more than one state, it is important to know the laws of both states in your area.

STEP 7:

REVISE AND IMPLEMENT ADMINISTRATIVE AND MANAGEMENT POLICIES TO REFLECT YOUR STATE LAWS

In addition to any existing waiver forms, refugee resettlement agencies should consider using the following types of consent forms:

- *Consent for Release of Information:* This release designates the specific agencies and staff persons who can receive any HIV-related information. This form should also indicate the time period during which the release is authorized and effective.

- *Authorization for Release of Confidential HIV-Related Information:* This form identifies other people, such as specific family members, who can be given HIV-related information.

- *Authorization for Release of Confidential HIV-Related Information – Case Management Programs:* This form authorizes the release of records to and from specific providers.

Informed consent and release forms must be *thoroughly* reviewed with your client. In explaining the purpose and intent of the authorization and consent forms, you may encourage your client to address any questions that he/she may have regarding confidentiality.

Confidentiality should also be addressed in other internal agency materials, such as your personnel manual. You may also want to draft a confidentiality agreement to be signed by all staff members. Following is some basic language that could be used by your agency:

Pledge of Confidentiality[2]

I, as an employee of (name of organization), understand that in the course of my work for (name of organization), I may learn certain facts about individuals being served by (name of organization) that are of a highly personal and confidential nature. Examples of such information may be but are not limited to: medical conditions and treatment, finances, living arrangements, and relations with family members. I understand that all such information must be treated as completely confidential.

I agree not to disclose any information of a personal and confidential nature, as defined by the executive director and client served, to any persons who are not also affiliated with (name of the organization) AND authorized by (Name of organization) to have such information without the specific consent, in writing, of the individual to whom such information pertains.

I understand unauthorized disclosure or use of such information in any way will be considered grounds for immediate termination from employment and subject to civil and criminal penalties as defined by the laws of the state of (name of state)

Signature: Date:

[2] Excerpt from The Women's Collective Policies and Procedures Manual

Executive Directors and/or Resettlement Managers must determine which staff members need to know about the HIV status of a refugee client. We suggest that disclosure of this information be limited to staff whose work is related to the client's health care, but variables such as staff size and office protocols will undoubtedly affect this decision. *Please remember that while all staff should receive some training on HIV/AIDS and confidentiality issues, participation in the training does not mean that everyone needs to know the HIV status of a specific client.*

Special Considerations for Family Reunion Cases

Resettling HIV family reunification cases can pose a special challenge to local resettlement agencies. Some anchor relatives know the HIV status of their infected relative, while others do not. Some resettlement staff may feel uncomfortable assuring a case without sharing the HIV status of the relative with the anchor, but there may be overriding legal, ethical, and privacy concerns that will preclude the agency from sharing this information. Following is a brief overview of how confidentiality issues are currently being addressed in practice. This overview is not exhaustive; it merely reflects the approaches to date. All local resettlement agencies should consult with their national voluntary agency and seek the advice of counsel prior to implementing their decisions.

For those cases where anchors voluntarily share their awareness of their relative's HIV diagnosis, most resettlement staff have acknowledged this information and helped to further prepare the anchor for the case.

For those anchors who either do not know or do not state that they know about their relative's HIV status, the following approaches have been practiced:

- Some local agencies have chosen to use the overseas confidentiality waiver as the basis for their decision to disclose the HIV status of a refugee to anchor relatives. The waiver states that anchor relatives may be informed about the HIV status of the refugee overseas.

- Some agencies have looked to their state laws concerning HIV/AIDS information to guide their decisions. These laws were designed to protect the privacy of people living with HIV/AIDS, and some laws require the HIV-positive client to identify and authorize by signature the indi-

viduals who may be notified about his/her HIV status. Until a resettlement agency obtains the written consent of the HIV-positive refugee on U.S. soil, agency staff have not discussed the HIV status of the overseas relative with anchors.

◆ Some agencies have notified anchors that their relative is on a medical hold and suggested that anchors contact the refugee overseas for further information. This option provides the refugees overseas with an opportunity for self-disclosure.

In sum, all resettlement agencies that are expecting HIV family reunion cases need to weigh this decision carefully and be aware of the potential legal and ethical implications of their actions. Note that neither church sponsors nor any other community groups serving as sponsors should be informed of a refugee's HIV status. Again, consulting with one's national voluntary agency and seeking the advice of counsel are strongly advised.

◆ ◆ ◆

Upon Arrival

STEP 1:

EDUCATE YOUR CLIENT

The first few days after arrival are often a whirlwind of processing information and arranging services for your client. However, this is the time to begin to educate your client about HIV. As explained above, the first conversation that you need to have with the refugee should be about informed consent. Following that discussion, basic HIV facts should be explained as soon as possible:

- What does an HIV diagnosis mean?
- How is HIV/AIDS transmitted?
- How can one prevent the spread of HIV/AIDS?

This information is also available on the back of the confidentiality waiver form that was signed overseas (titled "Addendum for Refugees Tested Positive for HIV"). A few reminders:

- Do not assume that the refugee understands what AIDS is. Many refugees may not understand even the most basic information about HIV.

- For most refugees, an HIV diagnosis is often considered a "death sentence". Stress that while there is no cure for AIDS, advances in AIDS treatment has resulted in many people with AIDS living longer and leading productive lives.

STEP 2:

REQUEST AUTHORIZATION FOR RELEASE OF CONFIDENTIAL HIV INFORMATION TO FAMILIES AND AGENCIES

Take time to explain confidentiality and emphasize that information regarding one's HIV status will be maintained in the strictest confidence. Repeat this message at every available

opportunity. Finally, obtain the required signature on all confidentiality forms as soon as possible (within 24 to 48 hours of arrival).

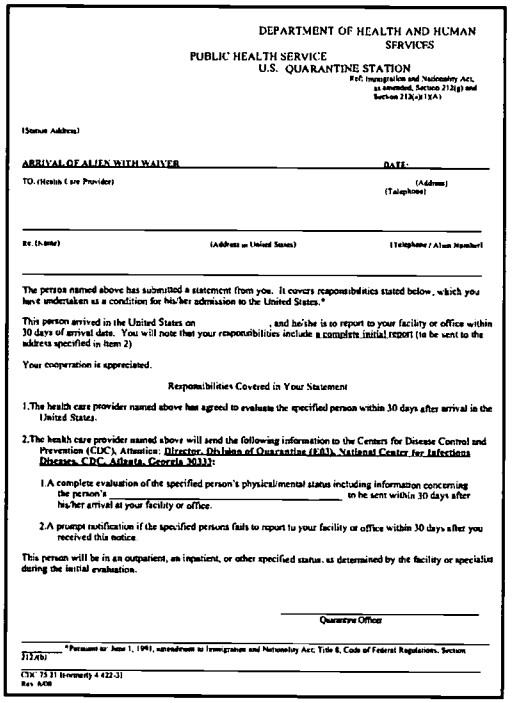
STEP 3:
COMPLETE THE INITIAL MEDICAL SCREENING

According to the U.S. Department of State's Cooperative Agreement for the Reception and Placement Program, individuals with a Class A medical condition are required to report within seven days of arrival to the official public health agency in the resettlement area. For HIV/AIDS cases, this is especially important because a refugee may have developed another medical condition in addition to HIV. A complete medical and mental health assessment may identify other serious conditions (completely unrelated to HIV/AIDS) that require immediate attention.

STEP 4:
REPORT TO THE CDC

The health care provider that is listed on the "Addendum to the Assurance for HIV Refugees" will receive a "Notification of Arrival" letter from the CDC immediately after the refugee has entered the United States. Within 30 days, the provider must send a letter to the CDC stating that the refugee has been evaluated. The letter should be a brief statement on the health care provider's letterhead that includes the following information:

1. Name, alien number, date of birth, and date of arrival



DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
U.S. QUARANTINE STATION
Ref: Immigration and Nationality Act, as amended, Section 212(g) and Section 212(a)(1)(A)

(Station Address)

ARRIVAL OF ALIEN WITH WAIVER DATE:

TO: (Health Care Provider) (Address) (Telephone)

Re: (Name) (Address in United States) (Telephone / Alien Number)

The person named above has submitted a statement from you. It covers responsibilities stated below, which you have undertaken as a condition for his/her admission to the United States.*

This person arrived in the United States on , and he/she is to report to your facility or office within 30 days of arrival date. You will note that your responsibilities include a complete initial report (to be sent to the address specified in item 2)

Your cooperation is appreciated.

Responsibilities Covered in Your Statement

1. The health care provider named above has agreed to evaluate the specified person within 30 days after arrival in the United States.

2. The health care provider named above will send the following information to the Centers for Disease Control and Prevention (CDC), Attention: Director, Division of Quarantine (E03), National Center for Infectious Diseases, CDC, Atlanta, Georgia 30333:

1. A complete evaluation of the specified person's physical/mental status including information concerning the person's to be sent within 30 days after his/her arrival at your facility or office.

2. A prompt notification if the specified persons fails to report to your facility or office within 30 days after you received this notice.

This person will be in an outpatient, an inpatient, or other specified status, as determined by the facility or specialist during the initial evaluation.

Quarantine Officer

*Pursuant to June 1, 1991, amendment to Immigration and Nationality Act, Title 8, Code of Federal Regulations, Section 212(a)

CDC 75.31 (formerly 4 422-3)
Rev. 6/08

2. Name, address, and phone number of provider
3. Date of visit (and if it is 1st, 2nd, etc. visit)
4. Current medical status and any current treatment
5. Signature of the doctor who has evaluated the refugee

The health care provider should note if s/he has counseled the refugee, and if so, on what topics (prevention, transmission, etc.). No medical records need to accompany the statement. The letter should be mailed to the CDC address that is listed on the "Notice of Arrival" letter.

STEP 5:

VISIT YOUR LOCAL AIDS CASE MANAGEMENT AGENCY

Arrange for an appointment with your local AIDS case manager as soon as possible. It is through these individuals that the refugee will receive AIDS-specific care as well as appropriate counseling and AIDS education. It is important that you and your organization establish and maintain an ongoing relationship with the AIDS service provider! Many AIDS organizations do not have experience working with refugees or do not have an understanding of the cultural backgrounds of the refugee groups that are currently entering the United States. Since resettlement agencies are often a refugee's first point of contact upon arrival, resettlement agencies may need to serve as the cultural "bridge" between refugees and AIDS services providers.

After Arrival

STEP 1:
SCHEDULE ON-GOING TRAINING OPPORTUNITIES FOR STAFF

Information about AIDS is constantly changing, especially in the areas of treatment and care. It is important that you and your staff have access to the most current information possible. If you need assistance identifying agencies in your area that have received funding to provide HIV/AIDS training, call the National AIDS Hotline at 1-800-342-2437 and provide the operator with your agency's zip code.

STEP 2:
MONITOR THE DELIVERY OF AIDS SERVICES

Review the HIV case management plan developed by the HIV case manager, and assess whether the identified AIDS resources and referrals are meeting the refugee's medical and psychosocial needs. If not, you may want to seek out another Ryan White CARE Act provider. Except in very rural areas, there are multiple Ryan White-funded service providers in almost every community.

STEP 3:
CONTINUE EDUCATION FOR ANCHOR RELATIVES AND FAMILY MEMBERS

Once your client's immediate needs have been met, talk to your AIDS case management agency about how to educate relatives of the HIV-positive client. Case managers are often available to do home visits in order to reach caregivers as well as clients.

Basic Facts about HIV/AIDS

AIDS—Acquired Immune Deficiency Syndrome—is the final stage of a serious health condition caused by the Human Immuno-deficiency Virus, more commonly known as HIV. HIV causes the body to lose its natural defenses against disease. Over a period of time (often many years) the body eventually becomes weak and open to attack by several types of infections and diseases that the body is unable to fight. When the body can no longer fight off certain infections, a person is diagnosed with AIDS.

How is HIV Transmitted?

HIV is transmitted through blood, semen, and vaginal fluids of infected persons. HIV can be passed from one person to another during certain sexual acts, or sharing needles with an infected person. A mother who has HIV can also transmit the virus to her child while in the womb, during delivery or by breast-feeding. Years ago, some people were infected by HIV through blood transfusions. Today, U.S. blood banks are required to screen donated blood for HIV, making our blood supply the safest in the world. You cannot get HIV from donating blood.

Taking an HIV Test

You can't tell if a person is infected with HIV. Just because they look fine and feel fine doesn't mean they're not HIV positive. Many people don't even know that they're infected—that is, unless they take an HIV test. A simple test can tell you if you have been infected with the HIV virus. When a virus enters your body, your immune system produces antibodies. The HIV test tells you if your body has produced antibodies to HIV.

If you are infected, HIV antibodies may take up to six months to develop. During this time, even though you have not developed antibodies to the virus, you can still transmit HIV to others.

You can't get infected by:

- Casual, everyday contact
- Shaking hands
- Hugging, kissing
- Coughing, sneezing
- Giving blood
- Using swimming pools, toilet seats
- Sharing bed linen, eating utensils, food
- Mosquitoes and other insects, animals

How can you protect yourself?

No Risk

- Abstinence
- If you and your partner have been tested for HIV and are not infected, and you only have sex with each other.

Some Risk

- Safer sex activities
- Safer needle use

What Are Safer Sex Activities?

Safer sex activities prevent contact with semen, vaginal fluids or blood. Talk to your partner about safer sex before having sex. Use a latex condom correctly every time you have sex. Use only water-based lubricants. Oil-based lubricants such as petroleum jelly should never be used because they may weaken the condom and cause it to break.

What is Safer Needle Use?

Don't share needles if you are injecting drugs.
Use needle exchange programs where used needles can be exchanged for new ones, or rinse your used needles twice in water, twice in bleach for 30 seconds, and twice in water again.

If you are living with HIV, how can you protect others?

No Risk

- Abstinence
- Do not breast feed your child

Some Risk

Disclose your HIV status to your sexual partner(s) before you have sex and engage in safer sex activities.

What Are Safer Sex Activities?

Safer sex activities prevent contact with semen, vaginal fluids or blood. Talk to your partner about safer sex before having sex. Use a latex condom correctly every time you have sex. Use only water-based lubricants. Oil-based lubricants such as petroleum jelly should never be used because they may weaken the condom and cause it to break.

What is Safer Needle Use?

- Don't share needles if you are injecting drugs.
- Don't share needles used for body piercing and tattoos.

For more information:

- Talk to your resettlement case worker
- Speak with your doctor

Case Study

Refugee Services, Inc. (RSI) is a refugee resettlement agency located in a small city. RSI has a full-time staff of six and offers a wide range of social services. In August, RSI received its first refugee who had tested positive for HIV. The refugee, a 22-year old single man, and his brother, were reunited with their mother and several other siblings.

The Executive Director of RSI has several long-term working relationships with other local social service agencies. One of the best partnerships is with a community clinic, which performs initial health screenings for new refugees. The Executive Director of RSI referred the young man to the community clinic, where the nurse practitioner completed a medical assessment. The nurse practitioner provided the refugee with information regarding confidentiality and referred him to an area physician who has an excellent reputation working with people living with HIV/AIDS. In addition, she referred the client to an AIDS case management service provider. After making the referral, however, she sensed that the family was not receptive to going to the case management agency. The mother of the refugee was very familiar with the community's health care program and did not see the need for other services. Because the mother of the refugee served as the interpreter for her son, it was unlikely that he would ever access HIV case management services. This was an unfortunate outcome, given the range of needs that the young man may have not only initially, but also over the course of his life. What could have been done differently here?

Recommendations:

The Executive Director could have met with the AIDS case management service provider prior to the refugee's arrival. If this had happened, the following steps might have been taken—all of which would have benefited the refugee client:

◆ Resettlement staff could have received in-house training on HIV-related issues. In anticipation of resettling the case, the agency needed a better understanding of AIDS-related issues, such as the psychosocial manifestations of HIV/AIDS.

◆ The Executive Director could have used the AIDS case management agency as a source for up-to-date information on state HIV-related laws. AIDS agencies can provide the appropriate informed consent forms that should be signed by HIV-positive clients.

◆ In preparation for the case, each staff member could have updated his/her confidentiality pledge with RSI and been reminded of the importance of this pledge.

◆ The agency could have purchased (if necessary) a file cabinet with a lock for records and case files.

◆ Upon arrival, the bilingual resettlement case worker could have made a strong recommendation to the refugee to consult with the HIV case manager, and given the refugee the option of meeting with the HIV case manager either at home or somewhere that would allow the refugee to be comfortable.

What if:

What if the mother was unavailable for a medical appointment and professional interpreter services were not available. Is it acceptable for the agency to use another family member for the appointment?

No, the appointment should be rescheduled – unless the refugee has identified that person by name and in writing as someone who may know about his HIV status. The only person(s) that should be informed or come into contact with information regarding the client's HIV status should be the person(s) identified by the client on the informed consent form that he/she has signed and dated.

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